

**INDIANA DEPARTMENT OF INSURANCE
BAIL BOND DIVISION
REPORT OF RECOVERY AGENTS EMPLOYED DURING PREVIOUS YEAR**

All bail agents are required by Ind. Code § 27-10-3-14 to report the following information to the Indiana Department of Insurance before **October 1** of each year. Please type or neatly print the information requested, have your signature witnessed in the presence of a notary public, and return the form to the Indiana Department of Insurance, Bail Division, 311 West Washington Street, Suite 103, Indianapolis, Indiana 46204-2787, **before October 1**

NAME OF BAIL AGENT: _____

BUSINESS ADDRESS: _____

TELEPHONE NUMBER: _____ LICENSE NUMBER: _____

LIST BELOW ALL RECOVERY AGENTS (LICENSED OR UNLICENSED) YOU HAVE USED SINCE OCTOBER 1 of last year. **IF YOU HAVE NOT EMPLOYED OR USED ANY RECOVERY AGENTS, LIST "NONE", SIGN AND RETURN THE FORM.**

Please attach additional sheets if necessary.

AFFIRMATION

I affirm, under the penalties for perjury, that the foregoing information is true and correct.

Date

Signature of Bail Agent

Sworn to and subscribed before me this _____ day of _____, 20

My commission Expires: _____

Notary Public

County of Residence: _____

Printed: _____